

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>102</u>
District of <u>Sierra</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>358</u>
Town of _____			Local Registrar No. _____
or <u>Globe</u>			
City of _____	No. _____ St. _____ Ward _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Thomas Milton Richards</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>4</u> / <u>1</u> / <u>1923</u>	Month Day Year
8. FATHER, Full name <u>James Richards Jr.</u>		14. MOTHER, Full maiden name <u>Percis Wills</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u>		15. Residence (Usual place of abode) <u>Globe Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>W</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>England</u>	(State or country)	18. Birthplace (city or place) <u>Congress Ariz</u>	(State or country)
13. Occupation <u>Stationing Engineer</u>	Nature of industry	19. Occupation <u>W. W.</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>4 lbs</u> at <u>2:30</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>G. E. Wightman</u>	
		(Physician or midwife)	
Address <u>Globe Ariz</u>			
Given name added from a supplemental report _____		Filed <u>6-6</u> , 19 <u>23</u>	
Month, day, year.		Filed <u>7-5</u> , 19 <u>23</u>	
Registrar.		County Registrar.	

392-601-762